

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

02/05/2004

ROBERT E BUSHNELL & LAW FIRM
 1522 K STREET NW
 SUITE 300
 WASHINGTON, DC 20005-1202



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/582,843	07/05/2000	MYOUNG-JIN KIM	P56138PCT	2664

TITLE OF INVENTION: METHOD FOR INSPECTING INFERIORITY IN SHAPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
AHMED, SAMIR ANWAR	2623	382-145000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert E. Bushnell, Esq.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Samsung Electronics Co., Ltd.

Suwon-si, Gyeonggi-do, KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) _____ (Date)

Robert E. Bushnell, Esq. 27,774 4 May 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.


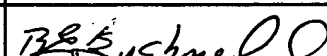
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

05/05/2004 WABRHAM2 00000119 09582843

01 FC:1501

1330.00 OP

TRANSMIT THIS FORM WITH FEE(S)

 FREE TRANSMITTAL		U.S. Department of Commerce Patent and Trademark Office		COMPLETE IF KNOWN																																																							
		Application Number		09/582,843																																																							
		Filing Date		7/5/2000																																																							
		First Named Inventor		Myoung-Jin Kim																																																							
		Group Art Unit		2623																																																							
		Examiner Name		AHMED, SAMIR ANWAR																																																							
TOTAL AMOUNT OF PAYMENT		\$1,330.00		Attorney Docket Number P56138PCT																																																							
METHOD OF PAYMENT (check one)																																																											
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Account Number: 02-4943 Deposit Account Name: <input type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the issue Fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance. 37 CFR 1.311 (b).			2. <input checked="" type="checkbox"/> Payment enclosed: <input checked="" type="checkbox"/> Check # 45584 <input type="checkbox"/> Money order <input type="checkbox"/> Other																																																								
FEE CALCULATION																																																											
1. Filing FEE <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee(s)</th> <th>Fee Code</th> <th>Fee(s)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>\$ 770</td> <td>2001</td> <td>\$ 385</td> <td>Utility filing</td> <td>\$ _____</td> </tr> <tr> <td>1002</td> <td>\$ 340</td> <td>2002</td> <td>\$ 170</td> <td>Design filing fee</td> <td>\$ _____</td> </tr> <tr> <td>1003</td> <td>\$ 530</td> <td>2003</td> <td>\$ 265</td> <td>Plant filing Fee</td> <td>\$ _____</td> </tr> <tr> <td>1004</td> <td>\$ 770</td> <td>2004</td> <td>\$ 385</td> <td>Reissue filing fee</td> <td>\$ _____</td> </tr> <tr> <td colspan="6" style="text-align: right;">SUBTOTAL _____</td> </tr> </tbody> </table>				Large Entity		Small Entity				Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid	1001	\$ 770	2001	\$ 385	Utility filing	\$ _____	1002	\$ 340	2002	\$ 170	Design filing fee	\$ _____	1003	\$ 530	2003	\$ 265	Plant filing Fee	\$ _____	1004	\$ 770	2004	\$ 385	Reissue filing fee	\$ _____	SUBTOTAL _____						ADDITIONAL FEES <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Fee(s)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1501</td> <td>\$ 1,330.00</td> <td>Utility Issue fee</td> <td>\$ 1,330.00</td> </tr> <tr> <td>2501</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Fee Code	Fee(s)	Fee Description	Fee Paid	1501	\$ 1,330.00	Utility Issue fee	\$ 1,330.00	2501			
Large Entity		Small Entity																																																									
Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid																																																						
1001	\$ 770	2001	\$ 385	Utility filing	\$ _____																																																						
1002	\$ 340	2002	\$ 170	Design filing fee	\$ _____																																																						
1003	\$ 530	2003	\$ 265	Plant filing Fee	\$ _____																																																						
1004	\$ 770	2004	\$ 385	Reissue filing fee	\$ _____																																																						
SUBTOTAL _____																																																											
Fee Code	Fee(s)	Fee Description	Fee Paid																																																								
1501	\$ 1,330.00	Utility Issue fee	\$ 1,330.00																																																								
2501																																																											
2. CLAIMS <div style="text-align: right; margin-right: 50px;">Fee from below</div> Total Claims: _____ independent claims: _____ Multiple Dependent claims: _____ <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee(s)</th> <th>Fee Code</th> <th>Fee(s)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>\$86</td> <td>2201</td> <td>\$43</td> <td>Independent claim \$</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>In excess of three</td> <td></td> </tr> <tr> <td>1202</td> <td>\$18</td> <td>2202</td> <td>\$9</td> <td>Claim s in excess of 20</td> <td></td> </tr> <tr> <td>1203</td> <td>\$290</td> <td>2203</td> <td>\$145</td> <td>Multiple dependent claims</td> <td></td> </tr> <tr> <td>1204</td> <td>\$86</td> <td>2204</td> <td>\$43</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>\$18</td> <td>2205</td> <td>\$9</td> <td>Reissue claims in excess of and over original patent</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;">SUBTOTAL _____</td> </tr> </tbody> </table>				Large Entity		Small Entity				Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid	1201	\$86	2201	\$43	Independent claim \$						In excess of three		1202	\$18	2202	\$9	Claim s in excess of 20		1203	\$290	2203	\$145	Multiple dependent claims		1204	\$86	2204	\$43	Reissue independent claims over original patent		1205	\$18	2205	\$9	Reissue claims in excess of and over original patent		SUBTOTAL _____							
Large Entity		Small Entity																																																									
Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid																																																						
1201	\$86	2201	\$43	Independent claim \$																																																							
				In excess of three																																																							
1202	\$18	2202	\$9	Claim s in excess of 20																																																							
1203	\$290	2203	\$145	Multiple dependent claims																																																							
1204	\$86	2204	\$43	Reissue independent claims over original patent																																																							
1205	\$18	2205	\$9	Reissue claims in excess of and over original patent																																																							
SUBTOTAL _____																																																											
submitted by: Robert E. Bushnell, Attorney-at-Law Suite 300, 1522 "K" Street, N.W. Washington, D.C. 20005-1202					Complete (if applicable)																																																						
Typed or Printed Name	Robert E. Bushnell		Payor No. 008439	Reg. No.	27,774																																																						
Signature			Date	May 4, 2004	Deposit Account User ID																																																						

REB/yh



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Myoung-Jin Kim

Serial No.: 09/582,843

Examiner: AHMED, SAMIR ANWAR

Filed: 7/5/2000

Art Unit: 2623

For: METHOD FOR INSPECTING INFERIORITY IN SHAPE

ISSUE FEE TRANSMITTAL

Mail Stop: ISSUE FEE

Commissioner for Patents

Alexandria, VA 22313-1450

Sir:

This transmittal accompanies a signed Issue Fee Transmittal, PTOL-85B, and Applicant's check drawn to the order of the Commissioner of Patents & Trademarks in the amount of U.S. \$1,330.00.

Respectfully submitted,

Robert E. Bushnell

Attorney for Applicant

Reg. No.: 27,774

1522 K Street, N.W. Suite 300
Washington, D.C. 20005-1202
(202) 408-9040

Folio: P56138PCT

Date: May 4, 2004

REB/yh